

Application Data Sheet

Application Information

Application number::	
Filing Date::	February 27, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CFR)?::	
Number of copies of CRF::	
Title::	Systems and Methods for Accessing and Distributing Medical Information
Attorney Docket Number::	300564
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	2
Total Drawing Sheets::	13
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition Included?::	No
Petition Type:	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Paul
Middle Name::	
Family Name::	JONES
Name Suffix::	
City of Residence::	St. Paul
State or Province of Residence::	MN
Country of Residence::	US

Street of mailing address::	1235 Edgeunbe Road
City of mailing address::	St. Paul
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55105

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Richard
Name::	
Family Name::	FEARS
Name Suffix::	
City of Residence::	Moundsview
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	8322 Knollwood Drive
City of mailing address::	Moundsview
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55112

Applicant Authority Type::	Inventor
Primary Citizenship Country::	AU
Status::	Full Capacity
Given Name::	Timothy
Middle Name::	R. H.
Family Name::	PRATT
Name Suffix::	
City of Residence::	Arden Hills
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	1390 Indian Oaks Court
City of mailing address::	Arden Hills
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55112

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US

Status::	Full Capacity
Given Name::	Rocco
Middle Name::	E.
Family Name::	ROSSINNI
Name Suffix::	
City of Residence::	St. Paul
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	2377 Roselawn Avenue West
City of mailing address::	St. Paul
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55113

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	A.
Family Name::	ESLER
Name Suffix::	
City of Residence::	Coon Rapids
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	10916 Flora Street NW
City of mailing address::	Coon Rapids
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55433

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ann
Middle Name::	M.
Family Name::	STAWSKI
Name Suffix::	
City of Residence::	Circle Pines
State or Province of Residence::	MN
Country of Residence::	US
Street of mailing address::	120 Indian Hills Lane

City of mailing address:: Circle Pines
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55014

Correspondence Information

Correspondence Customer Number:: 25764
Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::
Phone number::
Fax Number::
E-Mail address::

Representative Information

Representative Customer Number::	25764	
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Representative Designation::	Registration Number::	Representative Name::
Primary	47,629	Douglas M. Hamilton

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Cardiac Pacemakers, Inc.
Street of mailing address::	4100 Hamline Avenue North
City of mailing address::	St. Paul
State or Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code of mailing address::	55112